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Total Claims

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Application Number Filing Date **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET** Applicant(s) Substitute for Form PTO-1360 (For use with Form PTO/SB/06) May be used for additional claims or amendments CLAIMS AS FILED AFTER FIRST AFTER SECOND AMENDMENT **AMENDMENT** Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend 1 01 7 51) 52 1 53 102 ١ 103 į 04 τ 1 54 105 1 55 106 1 56 107 1 57 108 58 100 59 [10 60 111 61 12 1 62 113 63 (14 64 1 15 65 1 16 66 1 17 67 ₹ 18 68 1 19 69 1 20 70) 21 71 1 22 72 123 73] 24 74 1 25 75 26 76 1 27 77 28 78 29 79 30 80 ١ 31 81 1 32 82 1 33 83 1 34 84 35 85 , 36 86 <u>, 37</u> 87 138 88 , 39 89 40 90 1 41 91 42 92 93 1 44 94 1 45 95 1 46 96 1 47 97 148 98 49 99 **1** 50 100 Total Total Indep Indep Total Total Depend Depend Total Total Claims

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